In schizophrenia spectrum disorders and major depression, Bentall et al. (page 236) found that paranoid delusions are related to distinct clusters of cognitive (theory of mind, probabilistic reasoning, and executive functioning) deficits and emotional biases. These mechanisms may be suitable targets for future therapeutic and neurobiological studies of psychosis.

Cook et al. (page 249) examined the prevalence, correlates, and likelihood of treatment for psychiatric and substance use disorders among single mothers randomly sampled during their final 24 months of Temporary Assistance for Needy Families. In this cohort of low-income mothers, the 12-month prevalence of mental health and addictive disorders was more than twice as high as the general US population, yet more than three-quarters remained untreated.

There has been extensive research on the comorbidity between alcohol abuse or dependence (AAD) and major depression (MD), though the causal nature of this association remains unclear. The results of a study by Fergusson et al. (page 260) suggest that the associations between AAD and MD were best explained by a causal model in which the problems with alcohol led to increased risk of MD, as opposed to a self-medication model in which MD led to increased risks of AAD.

Farrer et al. (page 267) conducted a comprehensive association study of cocaine dependence and cocaine-induced paranoia with the α-endomannosidase gene (MANEA) in 2 European American and 2 African American drug dependence cohorts. They found association with several MANEA variants, including 1 variant in the 3′ untranslated region that was associated with cocaine-induced paranoia in all 4 cohorts.

Using functional magnetic resonance imaging in adolescents with major depressive disorder (MDD), anxiety disorder, or no psychopathology, Beesdo et al. (page 275) found differences in amygdala activation as a function of diagnosis, face-emotion, and attention condition. Patients with anxiety disorder and MDD differed in amygdala responses from healthy participants and from each other during passive viewing of fearful faces. Both patients with MDD and anxiety disorder exhibited amygdala hyperactivation during fear ratings to fearful faces.

Birmaher et al. (page 287) compared the Axis I disorders of 388 offspring (aged 6-18 years) of 233 parents with bipolar disorder (BP) and 251 offspring of 143 demographically matched control parents. After adjusting for confounding factors, offspring of parents with BP showed a 14-fold increase in the rates of BP spectrum disorders and approximately a 2- to 3-fold increase in any mood and anxiety disorders. Most BP episodes of offspring were BP not otherwise specified and started before age 12 years.

Results are reported by van’t Veer-Tazelaar et al. (page 297) of a randomized controlled trial of stepped-care prevention of anxiety and depression in late life vs care as usual for elderly individuals with subthreshold manifestations of the pertinent disorders. The intervention halved the 12-month incidence of depressive/anxiety disorders.

Wilcox et al. (page 305) examined the association between exposure to traumatic events with and without posttraumatic stress disorder on risk of subsequent suicide attempt in a community sample of approximately 1700 urban young adults. Posttraumatic stress disorder was associated with an increased risk for subsequent suicide attempt, even after adjustment for prior major depressive episode and alcohol and drug use disorders.

Wolfs et al. (page 313) report on an economic evaluation of a multidisciplinary integrated approach to the diagnosis and management of dementia (Diagnostic Observation Centre for PsychoGeriatric Patients [DOC-PG]) alongside a randomized controlled trial. DOC-PG was compared with usual care using quality-adjusted life-years as the main outcome measure. Based on the main cost per quality-adjusted life-year analysis, DOC-PG is a cost-effective facility for the diagnosis and management of dementia in ambulant patients.

Kumar et al. (page 324) used magnetization transfer, a magnetic resonance imaging–related technique, to examine several regions of the brain in patients with type 2 diabetes mellitus with major depression, patients with diabetes without depression, and healthy controls. Magnetization transfer ratios, indicative of damage to the macromolecular protein pool, were significantly lower in the head of the caudate nucleus in the depressed diabetic group when compared with the other 2 groups.